

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

Initial    Unannounced Full/Partial    Follow-up    Location Change    Investigation    Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Cub Academy Date: 11.5.24 Time: 9:30  
Location Address: 316 N. Main St. Ste 1 Telephone #: 860-276-0123  
e-mail address: jacklyn@southington.cubacademy.com License #: 70538 Expiration Date: 2/29/28  
Capacity: 48 # of Children Present: 27 # of Staff Present: 11

<b>Consent to Inspect Family Child Care Home</b>	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.</i> Provider/Applicant/Substitute's Signature <u>n/a</u>
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Purpose of visit: safe sleep follow up

Observations/Corrections needed:

\* No violations

S = Substantiated   NS = Not Substantiated   P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Betty Mayer  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Jacklyn  
(Person in Charge)